

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <u>Tim Hodge</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| | | B. Received by (Printed Name) <u>Tim Hodge</u> C. Date of Delivery <u>2-13-06</u> | |
| | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: | |
| 1. Article Addressed to Mr. Jack J. Rusch 400 Rusch Road Antigo, Wisconsin 54409-2957 | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| 2. Article Number (Transfer from service label) <u>06CV123</u> | | 4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes | |
| PS Form 3811, February 2004 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |